

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Avera St. Luke's **License No.:** 40-18000-01
Docket No.: 030-13778 **Mail Control No.:** 471220
Type of Action: Amend **Date of Requested Action:** 12-15-06
Reviewer Assigned: Rachel **ARM reviewer(s):** Cook & Torres

| Response | Deficiencies Noted During Acceptance Review |
|----------|---|
| | <input type="checkbox"/> Open ended possession limits. Limit possession. Submit inventory. <input type="checkbox"/> Submit copies of most recent leak test results. <input type="checkbox"/> Add - delete IC license condition. Add IC paragraph in cover letter. <input type="checkbox"/> Split license from cover letter. Add SUNSI marking to license. <input type="checkbox"/> Ask the licensee if they have any type-amount of EPAct Material. |
| | Please resubmit using Form 313a. |

Reviewer's Initials: *RCB* **Date:** 1/25/07 *RCB*

| | | |
|---|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Decommissioning notification should be completed within 30 days. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Termination request < 90 days from date of expiration |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | TAR needed to complete action. |
| Branch Chief's and/or Sr. HP's Initials: _____ | | Date: _____ |

| SUNSI Screening according to RIS 2005-31 | | |
|--|--|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Non-Publicly Available, Sensitive if <u>any</u> item below is checked |
| General guidance: | | |
| _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule | | |
| _____ Exact location of RAM (whether = or > than Category 3 or not) | | |
| _____ Design of structure and/or equipment (site specific) | | |
| _____ Information on nearby facilities | | |
| _____ Detailed design drawings and/or performance information | | |
| _____ Emergency planning and/or fire protection systems | | |
| Specific guidance for medical, industrial and academic (above Category 3): | | |
| _____ RAM quantities and inventory | | |
| _____ Manufacturer's name and model number of sealed sources & devices | | |
| _____ Site drawings with exact location of RAM, description of facility | | |
| _____ RAM security program information (locks, alarms, etc.) | | |
| _____ Emergency Plan specifics (routes to/from RAM, response to security events) | | |
| _____ Vulnerability/security assessment/accident-safety analysis/risk assess | | |
| _____ Mailing lists related to security response | | |
| Branch Chief's and/or Sr. HP's Initials: <u> <i>JAC</i> </u> | | |
| Date: <u> 1/11/07 </u> | | |

Pre-Licensing Screening

Applicant Information:

Control No. 471220

| | | |
|------------------------|---|-----------------------|
| Name: Avera St. Luke's | Type of Request: Notify Program Code(s): | |
| Location: SD | License No.: 40-18000-01 | Docket No.: 030-13778 |

STEP 1—Radioactive Materials and Quantities Requested:

| | |
|---|--------------|
| Instructions for Step 1: Complete Step 1 for all applications. If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay. | Yes or No |
| A. The request is from a new applicant. | N |
| B. NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit. | N |
| C. The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer | N |

Table of Risk Significant Quantities

(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

| Radionuclide | Risk Significant Quantity (TBq ¹) | Risk Significant Quantity (Ci ¹) | Radionuclide | Risk Significant Quantity (TBq ¹) | Risk Significant Quantity (Ci ¹) |
|--------------|---|--|---------------------|---|--|
| Am-241 | 0.6 | 16 | Pm-147 | 400 | 11,000 |
| Am-241/Be | 0.6 | 16 | Pu-238 | 0.6 | 16 |
| Cf-252 | 0.2 | 5.4 | Pu-239/Be | 0.6 | 16 |
| Cm-244 | 0.5 | 14 | Ra-226 ² | 0.4 | 11 |
| Co-60 | 0.3 | 8.1 | Se-75 | 2 | 54 |
| Cs-137 | 1 | 27 | Sr-90 (Y-90) | 10 | 270 |
| Gd-153 | 10 | 270 | Tm-170 | 200 | 5,400 |
| Ir-192 | 0.8 | 22 | Yb-169 | 3 | 81 |

¹ The primary values are TBq. The curie (Ci) values are for informational purposes only.

² The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

| | |
|--|---------------------------------------|
| Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s). | Yes, No, or Not Applicable (NA) |
| Total Activity—multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide | |
| Unity Rule—multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g., [(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] ≥ 1.0. | |

Signature and Date for Step 1:


4/1/07
 License Reviewer and Date

RECEIVED

DEC 19 2006

DNMS

Nuclear Materials Licensing Branch
Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064

December 15, 2006

Re: License No. 40-18000-01
Subject: Notification

Dear Sir or Madam:

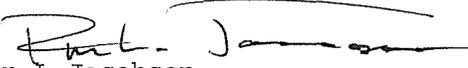
Avera St. Luke's Hospital would like to notify the NRC
to add an additional authorized user to our Materials License.

1. Add Jack Vonk, M.D. to the list of authorized users for materials
identified in 10 CFR 35.100, 35.200 and gadolinium-153 for use in
the ADAC Vantage System for patient attenuation correction.

We have enclosed a completed NRC Form 313A and also a copy of Dr. Vonk's Board
Certification document.

If any further information is required, please don't hesitate to call our
Director of Radiology/Radiation Therapy, Lee Ann Tople, at 605-622-5068.
Thank you.

Sincerely,


Ron L. Jacobson
President & CEO

Enc.

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

PART I -- TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)
 Dr. Jack Vonk 10 CFR 35.100, 35.200 and gadolinium-153 for use in the ADAC Vantage System for patient attenuation correction.

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed
 South Dakota

3. CERTIFICATION

- a) Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
 Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

| Description of Training | Location | Clock Hours | Dates of Training |
|--|----------|-------------|-------------------|
| Radiation Physics and Instrumentation | | | |
| Radiation Protection | | | |
| Mathematics Pertaining to the Use and Measurement of Radioactivity | | | |
| Radiation Biology | | | |
| Chemistry of Byproduct Material for Medical Use | | | |
| OTHER | | | |



AMA Physician Profile

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and National Committee for Quality Assurance (NCQA).

Certifying Board: AMERICAN BOARD OF RADIOLOGY

Certificate: DIAGNOSTIC RADIOLOGY

Certificate Type: GENERAL

| <u>Duration</u> | <u>Effective</u> | <u>Expiration</u> | <u>Occurrence</u> | <u>Last Reported</u> |
|-----------------|------------------|-------------------|-------------------|----------------------|
| TIME LIMITED | 11/07/2005 | 12/31/2015 | INITIAL | 04/05/2006 |

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

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Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

facsimile
TRANSMITTAL

U.S. Nuclear Regulatory Commission

Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011
DIVISION OF NUCLEAR MATERIALS SAFETY

January 25, ~~2006~~ *2007* ~~1986~~

Name: Ms. Lee Ann Tople
Director of Radiology / Radiation Therapy

Dr. Stephen R. Peters, RSO

Organization: Avera St. Luke's
Fax: 605-622-5042
Phone: 605-622-5068

From: Rachel S. Browder
Phone: 817-276-6552
FAX: 817-860-8263

Subject: License No. 40-18000-01 Docket No. 030-13778

The NRC has reviewed your notification request dated December 15, 2006, to add Dr. Jack Vonk as an Authorized User on your license for 10 CFR 35.100 and 35.200 materials. The NRC needs additional information in order to complete your notification request. Dr. Vonk may be authorized by one of the following regulations. In both cases, additional information is required as specified below.

1. 10 CFR 35.14, "Notifications" authorizes the licensee to permit a physician to work as an Authorized User, if the individual meets the requirements in 10 CFR 35.13(b)(1) or 35.13(b)(4). Therefore, you must submit either: 1) a completed NRC Form 313A with preceptor attestation (attached) or 2) a copy of an Agreement State license or NRC license number, under which Dr. Vonk was authorized in the past.
2. 10 CFR 35.290, "Training for imaging and localization studies" provides requirements for accepting certification by medical specialty board or training and experience documentation; and preceptor attestation. The medical specialty board submitted for Dr. Vonk is not currently recognized by the NRC under 10 CFR Part 35. Please refer to the following website for the recognized specialty boards:
<http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html>.

The American Board of Radiology (ABR) certification process from June 2006 forward for the Diagnostic Radiology certificates issued before and after that date with the words "AU eligible" appearing above the ABR seal is the certification recognized by the NRC.

The submitted certification is prior to June 2006 and based on the AMA Physician Profile submitted, it does not document whether the words "AU eligible" appear above the ABR seal on the original certification. Therefore, unless these words appear, than Dr. Vonk may only be authorized by submitting the revised NRC Form 313A for training and experience with a preceptor attestation (attached), under 10 CFR 35.290.

Please note the training and experience should be documented on the recently revised NRC Form 313A, which is attached. These forms have been revised and there is a specialty form for each type of user (e.g., RSO, Medical Physicist, Authorized User, etc.) The revised forms may be located on the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/forms/> or
<http://www.nrc.gov/materials/miau/med-use-toolkit.html> .

If there are any questions, please do not hesitate to contact me. Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Rachel S. Browder".

Rachel S. Browder, Health Physicist
DNMS/NMLB



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Benedictine and
Presentation Sisters

305 South State Street
PO Box 4450
Aberdeen, SD 57402-4450
(605) 622-5000

www.averastlukes.org

MAK 14 2007

CANCER CARE CENTER

Fax No. (605) 622-5042

Date 3-14-07

TO: Rachel Browder

FROM: Cancer Care Center

Number of Pages (including cover page) 6

MESSAGE (IF ANY): Rachel, this is the
information Dr. Vonk's preceptor
sent today. Please review and
let me know if any additional
information is needed. Thank you.
Lee Ann Tople
605-622-5068

NOTE TO FACSIMILE OPERATOR: Please deliver this facsimile transmission to the above addressee. If you did not receive all of the pages in good condition, please advise _____ at _____ at your earliest convenience. Thank you.

MAR 14 2007

Form NRH-SA
(Medical Teletherapy)
Supplement A
Effective Date April 12, 2003

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
Medical or Teletherapy

SUPPLEMENT A

Training and Experience
Authorized User or Radiation Safety Officer (RSO)

| | | | | |
|--|--|---|--|-------------------------|
| 1. Name of Individual Jack Vonk, M.D. <input type="checkbox"/> Authorized User <input type="checkbox"/> Radiation Safety Officer | | 2. Physician who is licensed to dispense drugs in the practice of medicine in Nebraska? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 3. Certification | | | | |
| 3.a. Specialty Board | 3.b. Category | 3.c. Month and Year Certified | | |
| | | | | |
| 4. Training Received in Basic Radioisotope Handling Techniques | | | | |
| | Location and Dates of Training | Clock Hours in Lecture or Laboratory | Clock Hours of Supervised Laboratory Experience | |
| 4.a. Radiation Physics and Instrumentation | Radiology Residency Program - University of Nebraska Medical Center Dates: 7/1/00 - 6/30/04 | 50 | | |
| 4.b. Radiation Protection | | 50 | | |
| 4.c. Mathematics Pertaining to the Use and Measurement of | | 50 | | |
| 4.d. Biological Effects of Radiation | | 50 | | |
| 4.e. Radiopharmaceutical Chemistry | | 50 | | |
| 5. Experience with Radiation (Actual Use of Radioisotopes or Equivalent Experience) | | | | |
| Isotope | Maximum Activity | Where Experience Was Gained | Months/Years | Type of Use |
| Tc-99m, Tl-201, Ga-67m, Co-57, I-123, I-131, Cr-51, In-111, Xe-133, I-125, Sr-90 | 200 mCi (I-131) | Nuclear Medicine Department - The Nebraska Medical Center Dates: 07/03/00 - 07/30/00, 10/21/02 - 11/17/02, 05/05/03 - 06/01/03 Veterans Administration Nebraska Western Iowa Health Care System (formerly: Omaha VA Medical Center) Dates: 4/9/01-6/6/01, 7/2/01-7/29/01, 8/27/01-9/23/01, 11/19/01-12/16/01, 4/8/02-5/5/02, 12/16/02-2/9/03, 6/2/03-7/27/03, 9/22/03-10/19/03, 5/3/04-5-30/04 | 3 months 11 Months | Diagnostic, therapeutic |

Form NRH-5A
(Medical Teletherapy)
Supplement B
Effective Date

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
Medical or Teletherapy

SUPPLEMENT B
Preceptor Statement

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

| 1. Full Name and Street Address of Applicant Physician | |
|---|---|
| Full Name: | Jack Vonk, M.D. |
| Address: | Department of Radiology, 981045 Nebraska Medical Center |
| City, State Zip+4 | Omaha, Nebraska 68198-1046 |

| 2. Clinical Training and Experience with Radiation (Actual Use of Radioisotopes) | | | |
|--|---|--|--|
| Isotope | Conditions Diagnosed or Treated | Number of Cases Involving Personal Participation | Comments ¹ |
| I-125 or I-131 | Diagnosis of Thyroid Function | | SEE ATTACHMENT FOR ALL THERAPIES IN NUCLEAR MEDICINE ROTATIONS AT THE NEBRASKA MEDICAL CENTER |
| | Determination of Blood and Blood Plasma Volume | | |
| | Liver Function Studies | | |
| | Fat Absorption Studies | | |
| | Kidney Function Studies | | |
| | In vitro Studies | | |
| Other | | | |
| I-125 | Detection of Thrombosis | | |
| I-131 | Thyroid Imaging | | |
| P-32 | Eye Tumor Localization | | |
| Se-75 | Pancreas Imaging | | |
| Yb-169 | Cisternography | | |
| Xe-133 | Blood Flow Studies and Pulmonary Function Studies | | |
| | Other | | |
| Tc-99m | Brain Imaging | | |
| | Cardiac Imaging | | |
| | Thyroid Imaging | | |
| | Salivary Gland Imaging | | |
| | Blood Pool Imaging | | |
| | Placenta Localization | | |
| | Liver and Spleen Imaging | | |
| | Lung Imaging | | |
| Bone Imaging | | | |

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UNMC RADIOLOGY

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P.04/06

Form NRH-5A
(Medical Teletherapy)
Supplement A
Effective Date

| 2. Clinical Training and Experience with Radiation (Actual Use of Radioisotopes) | | |
|---|---|--|
| Other | | |
| P-32 (Soluble) | Treatment of Polycythemia Vera, Leukemia, and Bone Metastases | |
| P-32 (Colloidal) | Intracavitary Treatment | |
| I-131 | Diagnosis of Thyroid Function | |
| | Treatment of Hyperthyroidism | |
| Au-198 | Intracavitary Treatment | |
| Co-60 or Cs-137 | Interstitial Treatment | |
| | Intracavitary Treatment | |
| I-125 or Ir-192 | Interstitial Treatment | |
| Ra-226 | Intracavitary Treatment | |
| | Interstitial Treatment | |
| | Superficial Treatment | |
| Co-60 or Cs-137 | Teletherapy Treatment | |
| Sr-90 | Treatment of Eye Disease | |
| | Radiopharmaceutical Preparation | |
| Mo-99/Tc-99m | Generator | |
| Sr-90 | Generator | |
| Tc-99m | Reagent Kits | |
| X-Ray and Accelerator Therapy | Courses of Therapy Treatment | |
| Other | | |

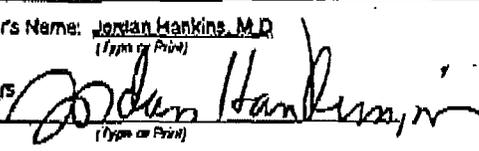
¹ Key to column

Personal Participation should consist of

1. Supervised acquisition of patients to determine the suitability for radioisotope diagnosis AND/OR treatment and recommendation for prescribed dosage.
2. Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements, and timing of dose.
3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnostic and/or courses of treatment.

² Additional information or comments may be submitted in duplicate on separate sheets.

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| | |
|--|---|
| 3. Dates and Total Number of Hours Received in Clinical Radioisotope Training (Submit in duplicate on separate sheets) | |
| 4. Training and Experience Obtained Under the Supervision of: | |
| Supervisor's Name: | Jordan Hankins, M.D. |
| Institution Name: | The Nebraska Medical Center/University of Nebraska Medical Center Department of Radiology, Nuclear Medicine Department |
| Address: | 987520 Nebraska Medical Center |
| City, State Zip+4 | Omaha, NE 68198-7520 |
| Radioactive material License Number(s): | Nebraska Medical Center License: State of Nebraska #01-98-01 VA: VHA Permit #26-00138-10 |
| 5. Preceptor's Verification | |
| Preceptor's Name: | Jordan Hankins, M.D. <small>(Type or Print)</small> |
| Preceptors Name: |  <small>(Type or Print)</small> |
| | 3-12-07 <small>(Date)</small> |

Use of Unsealed Radioactive Material for Therapy

Physician: Dr. Jack Vonk

Radiopharmaceutical Therapies for the following time periods at The Nebraska Medical Center (formerly known as Nebraska Health System): 07/03/00 - 07/30/00, 10/21/02 - 11/17/02, and 05/05/03 - 06/01/03.

NOTE: Does not include therapies performed at the Veteran's Administration Nebraska Western Iowa Health Care System (formerly known as the Omaha VA Hospital).

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| Thyroid Carcinoma | | | Hyperthyroid Therapies | | | | |
|-------------------|-----------------------|------------|------------------------|------------|-----------------------|------------|-----------------------|
| Date | Activity Administered | Date | Activity Administered | Date | Activity Administered | Date | Activity Administered |
| 07/26/2000 | 150 mCi | 11/15/2002 | 176 mCi | 07/05/2000 | 31 mCi | 11/08/2002 | 21.1 mCi |
| 07/28/2000 | 152.6 mCi | | | 07/11/2000 | 45.8 mCi | 11/12/2002 | 35.7 mCi |
| 10/22/2002 | 166.0 mCi | | | 07/14/2000 | 25.3 mCi | 11/14/2002 | 26.1 mCi |
| 10/29/2002 | 149.8 mCi | | | 07/21/2000 | 33.9 mCi | 11/15/2002 | 13.6 mCi |
| 10/30/2002 | 148 mCi | | | 10/25/2002 | 32.9 mCi | 05/06/2003 | 28.6 mCi |
| 10/31/2002 | 149.8 mCi | | | 10/25/2002 | 34.4 mCi | 05/08/2003 | 32 mCi |
| 11/01/2002 | 135.9 mCi | | | 11/05/2002 | 33.0 mCi | 05/29/2003 | 26.9 mCi |

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20150630
Fee Comments: CODE 21
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: AVERA ST. LUKE'S
Received Date: 20061219
Docket No.: 3013778
Control No.: 471220
License No.: 40-18000-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Allen P. ...*
Date *07-09-07*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____